Changing the Culture of Alcohol Use in Nova Scotia

An Alcohol Strategy to Prevent and Reduce the Burden of Alcohol-Related Harm in Nova Scotia

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Prepared by:
Department of Health Promotion, Addiction Services Alcohol Task Group

- *Alana Brown*, Community Outreach Worker, Alcohol, Cape Breton District Health Authority
- *Samantha Cukier*, Social Marketing Coordinator, Alcohol Strategy, Addiction Services (South Shore, South West and Annapolis Valley Health Authorities)
- *Erin Findley*, Community Outreach Worker, Alcohol, Addiction Prevention and Treatment Services, Capital Health
- *Karen Finnigan*, Community Outreach Worker, Alcohol, Cape Breton and Guysborough-Antigonish-Strait Health Authorities
- *Paul Helwig*, Clinical Program Manager, Addiction Prevention and Treatment Services, Capital Health
- *Amanda Hudson*, Program Administration Officer, Alcohol, Addiction Prevention and Treatment Services, Capital Health
- *Todd Leader*, District Manager, Addiction Services, South Shore District Health Authority (Liaison to Directors of Addiction Services Committee)
- *Heidi MacLeod*, Prevention and Community Education Coordinator, Addiction Services, Colchester East Hants District Health Authority
- *Mel MacNeil*, Manager, Addiction Services, Guysborough-Antigonish-Strait Health Authority
- *Sophie Melanson*, Prevention and Community Education Officer, Alcohol Strategy, Addiction Services (Colchester-East Hants, Cumberland, and Pictou Health Authorities)
- *Barbara Miles*, Prevention and Community Education Coordinator, Addiction Services, Department of Health Promotion and Protection
- *Tom Payette*, Director, Addiction Services, Addiction Prevention and Treatment Services, Capital Health, (Liaison to Directors of Addiction Services Committee)

This report is available online at www.gov.ns.ca/hpp (Click on Addiction Prevention)

For further information contact:
Department of Health Promotion and Protection
Addiction Services
P.O. Box 487, Halifax, NS
B3J 2R7
Phone: (902) 424-7220

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Message from the Minister

Acting on advice from the District Health Authorities' Addiction Services, the Government of Nova Scotia in 2004 identified harmful alcohol use as an important public health issue and directed the Department of Health Promotion and Protection to take a leadership position in developing a strategy that would address the misuse of alcohol and the resulting harms. The Department of Health Promotion and Protection is now launching a Nova Scotia Alcohol Strategy to lead a major cultural shift so that Nova Scotians who choose to drink will do so without harm to themselves, their families, or their communities.

The issue is not that Nova Scotians drink alcohol, but that some, particularly youth and young adults, exhibit harmful patterns of drinking—such as overdrinking, binge drinking, and drinking to intoxication—and high-risk drinking contexts, such as drinking and driving.

The Alcohol Indicators Report released in December 2005 confirmed that the majority of Nova Scotians consume alcohol in a safe and responsible manner. However, up to 20 per cent of Nova Scotians consume alcohol in a way that impacts negatively not only on their health and well-being, but also on their families and communities. Harmful alcohol use is a major contributor to chronic disease, injury, risky sexual behaviour, crime, violence, and other social problems. Harmful alcohol use is a significant burden on the Nova Scotia economy—$419 million annually—in terms of both its direct impact on health care and criminal justice costs and its indirect toll on productivity resulting from disability and premature death.

In June 2005 the Department of Health Promotion and Protection, together with District Health Authorities' Addiction Services, created an Alcohol Task Group that has worked tirelessly in developing this strategy. In September 2006 the Department of Health Promotion and Protection, in collaboration with the provincial Alcohol Task Group, held a multi-stakeholder Alcohol Roundtable in Halifax, attended by 60 delegates, to facilitate input for the strategy.

The vision is broad—preventing and reducing risky alcohol use and related harms requires a major cultural shift. However, the strategy will pave the way for this cultural shift by strengthening prevention efforts, encouraging early intervention and treatment, building community capacity, developing social marketing approaches, promoting healthy public policy, and fostering research.

By working together with our stakeholders and partners we can ensure Nova Scotians have the information, tools, and support they need to make personal and collective decisions that reflect a culture of moderation when using alcohol.

Honourable Barry Barnet
Minister of Health Promotion and Protection

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Executive Summary

Alcohol is a commodity that has played a vibrant and sometimes controversial role in the economic, political, and social history of Nova Scotia (Marquis 2003). As an employer and a generator of revenue through sales and tax, the alcohol industry contributes significantly to Nova Scotia's economy. This contribution increases substantially when the hospitality sector and other associated markets are factored in. Alcohol may also serve a positive role in the manner and means by which Nova Scotians relax and enjoy each other in social gatherings and celebrations.

However, alcohol is such an accepted part of our culture and society that the harms that can be created by alcohol use are often overlooked. Well-documented harms associated with alcohol use include injury, risky sexual behaviour, chronic disease (e.g., heart disease, liver disease, and some cancers), crime, violence, and other social problems (Babor et al. 2003; Rehm, Giesbrecht, Patra and Roerecke 2006). Up to 20 per cent of Nova Scotians consume alcohol in a manner that impacts negatively not only on their health and well-being, but also on their families and communities (Graham 2005). The annual health, social and economic costs of harmful alcohol use to Nova Scotians are enormous—$419 million or $413 per person (Rehm et al. 2006). Alcohol use is a significant burden on the Nova Scotia economy in terms of both its direct impact on health care and criminal justice costs and its indirect toll on productivity resulting from disability and premature death.

Globally, there has been increasing attention on the need to address harmful alcohol use, supported by a growing body of evidence and best practices to help frame approaches to address alcohol misuse. In 2005 the World Health Organization identified harmful use of alcohol as an international public health issue. In April 2007 a National Alcohol Strategy—*Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation*—was released to address critical issues arising from alcohol misuse and harm. Australia, England, Ireland, and other nations have comprehensive alcohol strategies in place. All of these strategies, however, face a similar dilemma: how to support the important and meaningful role that alcohol use plays in our respective societies, while at the same time addressing the harms associated with it. The National Alcohol Strategy has responded to this delicate relationship by focusing on the reduction of alcohol-related harm through the sponsorship of a culture of moderation.

Globally, there has been increasing attention on the need to address harmful alcohol use, supported by a growing body of evidence and best practices to help frame approaches to address alcohol misuse.

In Nova Scotia, the Government directed the Department of Health Promotion and Protection's Addiction Services to take a leadership position in developing a strategy to address alcohol-related harm in the context of best practices. This includes population health approaches (e.g., prevention programs, social marketing, public policy) and harm-reduction interventions that target the most harmful patterns and contexts of alcohol consumption (e.g., drinking to the point of intoxication, drinking while pregnant, drinking and driving).

The challenge of developing a comprehensive Alcohol Strategy was undertaken by an Alcohol Task Group (see Appendix A), a partnership of the Department of Health Promotion and Protection and District Health Authorities' Addiction Services. The Alcohol Task Group developed the original framework (principles and values, vision, goals, and key directions), which was endorsed by 60 stakeholders attending a provincial Alcohol Roundtable (Appendix B) in September 2006. This document reflects the collective work of the Alcohol Task Group and the advice and recommendations from the Alcohol Roundtable.

Over the years, much has been done to address the harms associated with alcohol use in Nova Scotia. The provincial government, its agencies, and stakeholder associations such as Mothers Against Drunk Driving have contributed significantly to the strengthening of laws, licensing regulations, and mandated initiatives such as the Drinking While Impaired (DWI) program, the Inter-government Committee on Impaired Driving Countermeasures, and Addictions Awareness Week. The District Health Authorities' Addiction Services prevention and treatment network has a proud history of providing high-quality service to Nova Scotians. It is therefore important that we do not consider this as a start-up strategy, but rather as a strategy that is evolving in the context of what is already in place.

Entrenched in the strategy is the vision of broad cultural change, where Nova Scotia is a society in which individuals, families, and neighbourhoods support responsibility and risk reduction in alcohol use. It is a community of communities in which alcohol-related harm has been eradicated through effective prevention and targeted interventions. If or when Nova Scotians choose to drink, they do so without harm to themselves, their families, or their communities, reflecting a culture of moderation.

The goal of the Nova Scotia Alcohol Strategy is to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia. Opportunities and recommendations for achieving the provincial Alcohol Strategy's vision and goals have been delineated in five inter-related key directions:

1. Community Capacity and Partnership Building
2. Communication and Social Marketing
3. Strengthening Prevention, Early Intervention, and Treatment
4. Healthy Public Policy
5. Research and Evaluation

The goal of the Nova Scotia Alcohol Strategy is to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia.

In developing this strategy it became abundantly clear that many of the solutions that will prevent and reduce alcohol-related harm are beyond the scope of a single government department, organization, agency, or stakeholder. Accordingly, fostering partnerships to work toward common goals will be crucial to the successful implementation of components of the Alcohol Strategy. At the Alcohol Roundtable stakeholders had a significant initial dialogue about collaborating to achieve the cultural shift that will prevent and reduce alcohol-related harm in our society. Only by working together across jurisdictions and sectors will we create and sustain an environment where Nova Scotians, individually and collectively, have information, tools, and support for a balanced and moderate approach to alcohol use.

Accordingly, fostering partnerships to work toward common goals will be crucial to the successful implementation of components of the Alcohol Strategy.

Why an Alcohol Strategy?

The Department of Health Promotion and Protection is launching a provincial Alcohol Strategy to lead a major cultural shift so that Nova Scotians who choose to drink will do so without harm to themselves, their families, or their communities.

Research shows that one in five Nova Scotia drinkers (15 years of age and older) consumes alcohol in a way that negatively impacts on their health and well-being. Harmful alcohol use is a major contributor to chronic disease, injury, risky sexual behaviour, crime, violence, and other social problems. Each year in Nova Scotia an average of 3,100 hospital admissions (42,000 hospital days) can be attributed to alcohol. Alcohol also is a factor in about 230 deaths in the province annually (Graham 2005; Rehm et al. 2006).

It is estimated that the annual health, social, and economic cost of harmful alcohol use in this province is $419 million. Of this, 23% or $97.3 million are direct health care costs; 19% or $78.1 million are law enforcement costs; and 58% or $243.6 million are indirect social costs, such as lost productivity, premature mortality, fire and traffic damage, and workers' compensation (Rehm et al. 2006).

The concern is not that Nova Scotians drink alcohol, but rather that harmful patterns of drinking and high-risk drinking contexts results in a significant economic burden that is shared by all Nova Scotians.

Laying the Foundation

The Government of Nova Scotia committed the Department of Health Promotion and Protection's Addiction Services to take a leadership position in developing a strategy to address alcohol-related harm in the context of best practices. This includes population health approaches (e.g., prevention programs, social marketing, public policy) and harm reduction interventions that target the most harmful patterns and contexts of alcohol consumption (e.g., drinking to the point of intoxication, drinking while pregnant, drinking and driving).

The challenge of developing a comprehensive Alcohol Strategy was undertaken by an Alcohol Task Group (see Appendix A), a partnership of the Department of Health Promotion and Protection and District Health Authorities' Addiction Services. The Alcohol Task Group developed the original framework (principles and values, vision, goals, and key directions), which was endorsed by 60 stakeholders at the provincial Alcohol Roundtable (Appendix B) in September 2006. This document reflects the collective work of the Alcohol Task Group and the advice and recommendations from the Alcohol Roundtable.

Information Foundation

Several key documents informed the foundation for strategic decision making that underlies the framework for the Nova Scotia Alcohol Strategy.

- *The Alcohol Indicators Report for Nova Scotia* (Graham 2005) provides a framework for a provincial monitoring system comprising alcohol indicators that are direct or proxy measures of alcohol use and related harms. This report identifies the scope and context of alcohol-related harms and consequences in Nova Scotia and provides the critical evidence for a provincial alcohol strategy.

- *The Cost of Substance Abuse in Canada 2002* (Rehm et al. 2006) provides information about the scope of the economic burden of alcohol abuse (defined as alcohol use that impacts illness and death) in Canada. The Department of Health Promotion and Protection prepared a summary of the Nova Scotia data from this national cost study.

- *Alcohol: No Ordinary Commodity. Research and Public Policy* (Babor et al. 2003) was commissioned by the World Health Organization. This book provides a comprehensive international look at the scope of alcohol-related harm and a critical appraisal of the most effective practices to prevent and reduce harm.

- Early drafts and background papers pertaining to the development of the National Alcohol Strategy, *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation*.

The Current Situation

The information in this section appears in the Nova Scotia Alcohol Indicators Report (Graham 2005) unless otherwise indicated. That report was based on data drawn from several sources, including four recent prevalence studies—Canadian Addiction Survey, Canadian Community Health Survey, Nova Scotia Gambling Prevalence Study, and 2002 Nova Scotia Student Drug Use Survey— as well as the Canadian Institute for Health Information Discharge Abstract Database, the Statistics Canada Vital Statistics Database, and the Canadian Centre for Justice Statistics.

Alcohol use in Nova Scotia

Alcohol is a central nervous system depressant which is legally available in Nova Scotia to persons 19 years of age and older. Whether alcohol use is harmful depends on how much is consumed, how often it is consumed, and how and where it is used.

- 74.0%–80.7% of Nova Scotians are current alcohol drinkers, 5.4%–10.4% have never been drinkers, and 13.8%–16.9% are former drinkers.
- Men (80.5%–82.9%) are more likely to be current drinkers than women (71.5%–78.8%).
- Nova Scotians aged 60 years and older (55.5%–64.7%) were least likely to be current drinkers.
- Adults aged 25–29 years had the highest current drinking rates (90.9%–91.1%) followed by young adults aged 19–24 years (89.2%–92.3%).
- Among all drinkers, the average number of drinks consumed at a sitting was 3.2 drinks[1]. Seniors consumed the least at a sitting (1.9 drinks) and young adults consumed the most at a sitting (5.5 drinks).

1 A drink in this document refers to a standard drink in Canada, which is a beverage containing 13.6 g of pure alcohol. Each of the following is representative of a standard drink containing 13.6 g of alcohol: one bottle or can of beer (12 oz/341 ml of regular strength beer at 5% alcohol), one glass of wine (5 oz/142 ml of wine at 12% alcohol), one drink or cocktail with one-and-one-half ounces of liquor (1.5 oz/43 ml of spirits at 40% alcohol).

- 51.7% of students (male and female) in grades 7, 9, 10, and 12 consumed alcohol in 2002.

- According to a 2006 report from Statistics Canada, there was a significant increase in per capita consumption of pure alcohol among Nova Scotians between 2001 and 2005, from 7.42 litres (equivalent to 434 bottles of beer) to 9.0 litres (equivalent to 528 bottles of beer). This represents an increase of 22% in per capita consumption in Nova Scotia.

- Based on self-assessment reports of Canadian Addiction Survey respondents from Nova Scotia, it is estimated that 40% of the alcohol sold in Nova Scotia is consumed by those under 30 years of age.

Alcohol as a health concern

Alcohol places a serious burden on health and social systems in Nova Scotia. Nearly 20% of Nova Scotians consume alcohol in a way that negatively impacts their health and well-being, putting them at risk for chronic or acute harm.

Harmful alcohol use is a major contributor to chronic disease (including many cancers), injury, risky sexual behaviour, crime, violence, and other social problems. From this perspective, alcohol is causally related to more than 65 medical conditions, such as cancer (including breast cancer, head and neck cancer, liver cancer, and colorectal cancer), cardiovascular disease, and mental illness (Roerecke, Haydon, and Giesbrecht 2007).

Studies indicate that chronic alcohol use also is a causal factor in the development of hemorrhagic stroke, high blood pressure, cardiomyopathy, and heart failure, with low to moderate use a protective factor for ischemic stroke and coronary artery disease for men aged 40 years and older, women aged 45 and older. Alcohol use is also a significant causal factor in gastritis (alcoholic and unspecified), and acute and chronic pancreatitis.

However, there are health risks associated with even light drinking. For example, in one study, 10 grams of pure alcohol per day (less than one standard drink) was shown to increase risk of breast cancer by 9%, while 30–90 grams (more than 2 standard drinks) increased the risk by 41% (Smith-Warner, Spiegelman, Yaun, et al. 1998 as cited by Roerecke, Haydon, and Giesbrecht, 2007).

"Because there is a rising rate in alcohol consumption and high-risk drinking in Canada, increased damage from alcohol is expected. Effective policy, intervention and prevention efforts are needed, as is public recognition of alcohol as a contributor to chronic disease."

(Rehm, Giesbrecht, Patra, and Roerecke, 2006, 8)

Acute consequences of alcohol consumption, particularly heavy drinking, include traffic crashes, injuries and deaths, suicide, and violence. These consequences particularly impact youth and young adults, resulting in significant costs to society and a high person-years of life lost (PYLL) factor.

Where studies have been conducted in child protection cases, alcohol abuse has been a factor in 30%-60% of those cases. Verbal abuse, learning difficulties, relationship issues, and financial, legal, and work-related problems have all been reported by drinkers or those affected by the alcohol use of others. In addition, businesses pay a cost in terms of lost productivity and absenteeism when valued employees experience alcohol-related problems.

Each year in Nova Scotia an average of 3,000 hospital admissions (or 42,000 hospital days) can be attributed to alcohol. In addition, about 230 deaths can be attributed to alcohol in Nova Scotia annually. Liver disease (30%), injuries (33%), and alcohol-related cancers (20%) account for the majority of these deaths.

According to the Costs of Substance Abuse in Canada 2002 (Rehm et al. 2006), it is estimated that the annual health, social and economic costs of harmful alcohol use in this province is $419 million, or $443 for every Nova Scotian.

Clearly alcohol use is a significant burden on the Nova Scotia economy in terms of its direct impact on health care and criminal justice costs as well as its indirect toll on productivity resulting from disability and premature death.

Harmful drinking patterns and contexts

One in five current drinkers, or approximately 117,114 Nova Scotians, can be classified as **high-risk drinkers** as scored by *The Alcohol Use Disorders Identification Test* (AUDIT), a tool used to identify hazardous consumption, harmful alcohol use patterns, and alcohol dependence. High-risk drinkers consume alcohol in such a way that it impacts negatively on their own health and well-being, as well as that of their families and communities.

There are three facets to high-risk drinking: volume of alcohol consumed, frequency of drinking occasions, and context of drinking.

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Exceeding low-risk drinking guidelines

To avoid acute and chronic alcohol-related harms, low-risk drinking guidelines developed by the Centre for Addiction and Mental Health (CAMH) in Ontario—but not standardized in Canada—recommend that individuals should consume no more than two standard drinks per day with weekly limits of 14 standard drinks for men and nine for women. The 2004 Canadian Addiction Survey revealed that 23.4% of current drinkers in Nova Scotia exceeded these guidelines.

Among current drinkers in an analysis of the Nova Scotia data from the 2004 Canadian Addiction Survey, young adults had the highest rate of non-compliance with the CAMH low-risk drinking guidelines (49.1%), followed by adolescents aged 15–18 years (26.8%).

Heavy or binge drinking

Depending on the data source used, heavy drinking—also called binge drinking—may be defined either as consumption of five or more drinks by persons of either sex, or as five or more drinks by men and four or more drinks by women at a sitting. The National Institute of Alcohol Abuse and Alcoholism (NIAA) defines binge drinking as the type of drinking that brings blood alcohol concentration to 0.08 gram percent or above; typically this results when a male consumes five or more drinks in about two hours, or when a female consumes four or more drinks in two hours (NIAA 2004).

A high percentage of Nova Scotians drink **heavily**—five or more drinks per occasion for males, four or more for females—weekly (3%-6%) and monthly (20%).

Underage drinkers, young adults aged 19–24 years, men, and those who have never married are more likely to be heavy and/or high-risk drinkers.

*A high percentage of Nova Scotians drink **heavily**—five or more drinks per occasion for males, four or more for females—weekly (3%-6%) and monthly (20%).*

Underage Drinking

Data indicate that 51.7% of Nova Scotia students (male and female) in grades 7, 9, 10 and 12 consumed alcohol in 2002. By the time students reach Grade 12, 83% of males and 79% of females report alcohol use in the past year.

Further, 28% of students reported drinking to the point of drunkenness in the 30 days prior to the 2002 Student Drug Use Survey. And 29% drank five or more drinks in one sitting at least once in the 30 days prior to the survey.

Drinking to intoxication and beyond

A large proportion of youth and young adults drink to the point of intoxication when they drink. Analysis of the 2004 Canadian Addiction Survey reveals that Nova Scotians under 30 years of age frequently consume larger quantities of alcohol than the Nova Scotia average, with no significant differences between males and females.

Proportion of drinkers by age groups, %*

Usual number of drinks consumed at a sitting	15–18 years	19–24 years	25–29 years
4 or more	49.6	58.9	40.3
5 or more	33.6	56.1	34.7
6 or more	25.6	42.8	24.4
7 or more	20.7	28.6	20.5
8 or more	20.7	25.6	19.3
9 or more	14.6	14.6	16.6
10 or more	11.8	11.4	14.4
11 or more	4.9	8.6	10.3
12 or more	4.9	6.7	10.3
15 or more	2.8	3.4	6.7
20 or more	2.8	3.4	2.2

** Based on an analysis of Nova Scotia data from the 2004 Canadian Addiction Survey*

Examples of high-risk drinking contexts

- Driving a motor vehicle or all-terrain vehicle while under the influence of alcohol
- Operating a boat, snowmobile, or ride-on lawnmower while under the influence of alcohol
- Drinking with the purpose of getting intoxicated
- Drinking alcohol when planning for a pregnancy, or during pregnancy
- Consuming alcohol while taking prescribed medication
- Consuming alcohol before or during work
- Having unplanned, unwanted, or unprotected sex after drinking

Drinking and driving

A telephone survey of driving practices and alcohol knowledge among young Nova Scotia men aged 19–35 years was conducted for the Nova Scotia Department of Transportation and Public Works in February 2007 (The Marketing Clinic 2007). Of 878 survey respondents, 46% reported driving within two hours of consuming alcohol at least once in the past 12 months. Of those, 40% did this 1–2 times; 24% said 3–5 times; and 36% said 6 or more times.

Consuming alcohol during pregnancy

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe a full range of physiological and neurological disabilities that may occur as a result of prenatal alcohol exposure.

In a 2006 Environics survey carried out in Atlantic Canada, (Nova Scotia sample n = 360), 41% of respondents believed that drinking small amounts of alcohol during pregnancy could usually be considered safe, and 20% considered that drinking moderate amounts of alcohol while pregnant would be safe.

In the 2003 Canadian Community Health Survey, 9.3% of women who had given birth in the five years prior to the survey reported that they had consumed alcohol at least once during their pregnancy.

Self-reports of harms and problems

Nova Scotians who drank heavily once a month or more (consumption of five or more drinks for men, and four or more drinks for women at a sitting) were 7 times more likely than non-heavy drinkers to report one or more harms from their own use of alcohol, and those who drank heavily every week were 8.5 times more likely to report harms.

Among students in grades 7, 9, 10, and 12 in Nova Scotia, 30.5% reported experiencing at least one alcohol-related problem (56.0% among current drinkers), with 11% reporting three or more problems.

The top three problems associated with student alcohol use are:
1. damaged things
2. self injury
3. unplanned sexual activity

Many Nova Scotians (47,871) experience harm from their own use of alcohol. These harms impact most on physical health, friendships, and social life. Men and those who drink heavily are much more likely to report harms from their own use of alcohol.

About 237,270 Nova Scotians experience harm from someone else's use of alcohol. Being insulted or humiliated, being verbally abused, and being involved in a serious argument with a drinker are among the most commonly reported harms.

Changes in the Culture of Drinking

The issue is not that Nova Scotians drink alcohol; it is that certain destructive patterns of drinking and contexts contribute to the burden of alcohol-related harm in Nova Scotia. The overall orientation of this strategy is to help Nova Scotians collectively sponsor and personally adopt behaviours that support responsibility and risk reduction when choosing to use alcohol, and to not use alcohol when it is personally, socially, and/or culturally inappropriate. This requires the active societal commitment to normalize responsibility and risk reduction in the use of alcohol, while simultaneously making its misuse socially unacceptable.

The Nova Scotia Alcohol Strategy is a population-based strategy and, as such, will become the responsibility of society. This in itself will introduce new cultural norms. The recent decline of the social acceptability of smoking demonstrates that major cultural shifts can be achieved through coordinated, multi-level strategies that involve a variety of stakeholders working toward a common goal. Following is a summary of the cultural shifts suggested by Nova Scotia Alcohol Roundtable participants as the legacy of a Nova Scotia Alcohol Strategy.

Normalize help-seeking

Currently there is a stigma associated with help-seeking that appears to be embedded in the belief that Addiction Services is only for those who are alcohol- and/or drug-dependent. A new culture is envisioned for any individuals and families seeking or needing help for alcohol-related issues. It is a culture in which the public understands that easily accessible and confidential services offer both early intervention and treatment options. Having Nova Scotians recognize that it is normal to seek help for alcohol-related issues is critical to removing the cultural barriers that keep many from accessing the programs and resources available through Addiction Services.

Denormalize underage drinking

We must shift from a culture that views underage alcohol use as a normal and accepted rite of passage among adolescents to a culture that has meaningful rites of passage for youth that do not involve alcohol. In the optimum strategies to target youth alcohol use, proven professional expertise in prevention and early intervention will be intrinsic in the youth culture's context and media.

Denormalize binge drinking and drinking to intoxication

Research commissioned by the Department of Health Promotion and Protection indicates that alcohol consumption among young adults (under 30 years of age) in Nova Scotia is supported by a sub-culture that normalizes and glamorizes drinking, intoxication, and alcohol-related consequences (Focal Research Consultants Ltd. April 2005; June 2005). A shift to a culture where binge drinking and intoxication are no longer socially acceptable is desired.

The issue is not that Nova Scotians drink alcohol; it is that certain destructive patterns of drinking and contexts contribute to the burden of alcohol-related harm in Nova Scotia.

FASD as a community responsibility

Fetal Alcohol Spectrum Disorder has only recently been recognized as a cultural issue. Usually when it is noted, it is considered to be a "women's" or "aboriginal" issue. The cultural shift needs to result in FASD being viewed as a community responsibility. As well, there needs to be a common understanding that inappropriate alcohol use crosses all social systems.

Approaches to awareness and educational resources

Alcohol-related educational resources are a necessary component of the collective initiatives to reduce alcohol-related harm. Resources should reflect balanced, factual information developed in collaboration with particular audiences. There must also be a shift from one-way communication to a model of sharing information and meaningful exchange to facilitate healthy action. This means shifting from "telling" people to meeting people where they are, and motivating them to take control of the message for themselves. To be effective in motivating positive action (including changing knowledge, attitudes, and behaviours), alcohol-education resources must incorporate factual and interactive messages developed for the target audiences.

The greater the interactivity between the public and the policy process, the greater the influence on societal norms.

Increase focus on prevention and early intervention

Currently an addiction specialist or medical doctor conducts most alcohol screening. However, it is necessary to make a cultural shift to involve a range of "helping professions" to perform alcohol screenings, provide opportunities for self-evaluation, and facilitate positive action. This will lead to increased focus on prevention and early intervention, and people will become culturally comfortable in discussing problems that they have with alcohol use. Promoting non-judgmental attitudes and involving other professionals in early intervention services will increase the range of access points for the public.

A balanced approach to alcohol policy

Participants at the Alcohol Roundtable were concerned that policy would be developed without a comprehensive assessment of the impact on the health, social, and economic well-being of Nova Scotians. A policy process that better balances the interests of health protection, harm prevention, the health benefits of moderation, and the Nova Scotia economy is essential to encourage a cultural change in alcohol-related social norms. Policy is a fundamental tool for focusing, influencing, and stewarding cultural behaviour. The greater the interactivity between the public and the policy process, the greater the influence on societal norms.

Priorities for Action

Based on consultation and research the following have been identified as priorities for action in the initial stages of the Alcohol Strategy implementation.

- Raise the profile of alcohol as a public health issue.
- Address the lack of basic, balanced consumer information regarding alcohol's effects for current drinkers. Respond to the need for guidelines that address drink limits and contexts of drinking.
- Through a combination of interventions, engage specific target groups such as underage drinkers and their parents and address behaviours of concern, including:
  - high-risk drinking (e.g., binge drinking, drinking to intoxication) among youth and young adults 19–29 years of age
  - alcohol consumption when planning a pregnancy or during pregnancy
  - operation of motorized vehicles while impaired
- Adopt a population health and heath promotion lens for a balanced approach to alcohol policy.
- Provide individuals who are experiencing harm but who otherwise might not access specialized addiction services with self-assessment tools, information, and strategies to reduce their drinking.
- Promote the use of routine screening and brief interventions for individuals whose drinking results in harm, and involve a wider range of helping professions.
- Promote the variety of accessible prevention services and treatment options available through Addiction Services for any Nova Scotian negatively affected by alcohol use.
- Explore the scope of alcohol-related harm among diverse cultural groups and vulnerable populations.

The Strategy's Underlying Principles and Values

To be effective, a comprehensive Nova Scotia Alcohol Strategy will do the following:

- Incorporate evidence-based decision making and evaluation (including expert knowledge as well as peer-reviewed and most promising practices information).
- Incorporate best practices in addressing alcohol issues, utilizing a balance of health promotion and harm reduction strategies.
- Require sustained, coordinated and collaborative effort from multiple stakeholders.
- Be flexible and adaptable to the local situation and resources.
- Clearly delineate the roles of the many stakeholders at the provincial and district levels.
- Strive to be culturally competent and socially inclusive.

A number of strategic assumptions were also considered by the Alcohol Task Group and informed strategy development. These considerations are presented in Appendix C and were endorsed by the Alcohol Roundtable.

The Nova Scotia Alcohol Strategy

Vision

Safe and healthy Nova Scotians participating in a culture of moderation

Nova Scotia is a society in which individuals, families, and neighbourhoods support responsibility and risk reduction in the use of alcohol. It is a community of communities in which alcohol-related harm has been eradicated through effective prevention and targeted interventions. If or when Nova Scotians choose to drink, they do so without harm to themselves, their families, or their communities, reflecting a culture of moderation.

Goal

Preventing and reducing alcohol-related harm

The goal of the Nova Scotia Alcohol Strategy is to:
Prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia.

The Five Key Directions

Opportunities for achieving the provincial Alcohol Strategy vision have been delineated in five inter-related key directions:
1. Community Capacity and Partnership Building
2. Communication and Social Marketing
3. Strengthening Prevention, Early Intervention, and Treatment
4. Healthy Public Policy
5. Research and Evaluation

Detailed Alcohol Strategy Objectives and Recommended Activities

Community Capacity and Partnership Building

"The key to capacity development is the ongoing and responsive provision of current ***knowledge*** *about harms and related interventions,* ***skill-building*** *opportunities to improve the relational aspects of working collaboratively,* ***practical tools*** *for "harms" identification and response development, and, in smaller communities with fewer resource people, the availability of trained, external* ***coaches*** *to provide, share and foster missing skills as needed."*

(Wynn 2005, 55)

This direction reflects the principle of shared responsibility for solutions across many jurisdictions and the need for a multi-sectoral, coordinated approach to alcohol-related issues. Many of the significant factors that impact alcohol-related harm are beyond the scope of a single government department, organization, agency, or stakeholder. Accordingly, fostering partnerships to work toward common goals will be crucial to the successful implementation of components of the Alcohol Strategy. At the Alcohol Roundtable stakeholders had a significant initial dialogue about collaborating to achieve the cultural shift that will prevent and reduce alcohol-related harm in our society. Only by working together will we create and sustain an environment where Nova Scotians, individually and collectively, have the information, tools, and support to adopt a balanced approach to alcohol use.

Several components of this strategy link directly with other initiatives and will have a direct impact on action taken in Nova Scotia. For example, Low-Risk Drinking Guidelines for Canadians are to be developed through the National Alcohol Strategy. The Nova Scotia Department of Health Promotion and Protection will have an opportunity to provide input and review the suggested guidelines which, when finalized, will be incorporated into our provincial activities. It is incumbent on the Department of Health Promotion and Protection to link with ongoing and new relevant strategies in order to ensure a strong, concerted movement for alcohol-related cultural change.

The Alcohol Task Group acknowledges that specific needs of vulnerable or "at risk" populations did not emerge during initial consultations with stakeholders. Examples of vulnerable populations include homeless youth and adults; the economically disadvantaged; seniors; individuals who identify as gay, lesbian, bisexual, transgender and questioning; and new Canadians. This strategy recognizes a gap in our understanding of the prevalence and impact of harmful alcohol use on vulnerable populations in Nova Scotia. We intend to identify the gaps and work with these groups and others to improve health and reduce disparities.

Community Capacity and Partnership Building Objectives

1. **Increase the knowledge and skills of decision makers, health service providers, the general public, and other stakeholders so they can effectively act to prevent and respond to alcohol-related harms in the context of their settings.**

   Recommended activities

   1.1 Build the capacity of District Health Authorities' Addiction Services to address alcohol-related issues through sustained funding for Alcohol Strategy staff.

   1.2 Develop and support an evidence-based, practical alcohol tool kit for use by community leaders, health professionals, prevention specialists, and other stakeholders.

   1.3 Hold an annual alcohol forum to focus on best practices, related knowledge development, and skill building consistent with preventing and reducing alcohol-related harm in Nova Scotia.

   1.4 Work with citizens to identify and implement knowledge and skill-building opportunities that champion the prevention and reduction of alcohol-related harm.

2. **Build and foster partnerships and community capacity that will enable and sustain a multi-sectoral, coordinated, culturally relevant approach to alcohol-related issues, and reflect a shared responsibility for solutions.**

   Recommended activities

   2.1 Establish and/or support multi-sectoral working groups to address specific issues such as underage drinking, overdrinking, Fetal Alcohol Spectrum Disorder, and brief intervention.

   2.2 Explore opportunities to further understand the scope of alcohol-related harm among diverse cultural groups and vulnerable populations and work within communities to develop appropriate responses. Vulnerable populations may include homeless youth and adults; the economically disadvantaged; seniors; individuals who identify as gay, lesbian, bisexual, transgender and questioning; and others.

2.3 Provide regular opportunities for stakeholders to share experiences related to preventing and reducing alcohol-related harm in their districts or communities.

2.4 Identify and establish appropriate relationships with other government and community-based strategies, such as the National Alcohol Strategy, and explore opportunities for collaboration on mutually beneficial objectives and activities.

"Many people identify alcoholism, characterized by chronic, excessive drinking with symptoms of physical dependence on alcohol, as the most serious alcohol-related problem. However, heavy, single-occasion and episodic binge drinking by the much larger population of non-dependent drinkers produces far greater and wider-reaching impacts on the health, safety and well-being of individuals and communities."

(National Alcohol Strategy 2007, 4)

Communication and Social Marketing

Health communications informs the public about health concerns and keeps health issues on the public agenda. The objectives and recommended activities associated with this part of the Alcohol Strategy reflect not only the need to ensure that Nova Scotians are knowledgeable about the real costs of alcohol use in the province, but also to build support for proven policies that would bring about sustainable cultural shifts that will have wide impact (e.g., drinking to intoxication).

Health communications also reinforces health messages and stimulates people to seek more information. The need for communication—the exchange and sharing of information, attitudes, ideas, or emotions—is a theme repeated among Alcohol Strategy stakeholders, partners and target groups. Universal and targeted messages on alcohol-related issues (particularly about what constitutes "low-risk" drinking) need to be identified and communicated through user-friendly resources and tools that inform and shape our individual and collective alcohol-related knowledge, attitudes and behaviours.

Social marketing techniques address social and health issues with the goal of changing behaviours and ultimately cultural norms. Of particular concern in Nova Scotia are those norms that relate to high-risk drinking. Social marketing uses media and other communications tools to raise awareness of health risks, promote the benefits of healthy living, and encourage attitude, behaviour, and environment changes conducive to good health. It also recognizes that the focus and objectives of communication and social marketing activities and those of the other key directions in the Alcohol Strategy are inter-related.

Communication and Social Marketing Objectives

1. Heighten the profile of alcohol as a critical public health and safety issue.

Recommended activities

1.1 Using social marketing principles, develop and implement a communications strategy to increase the profile of alcohol as the most widely misused drug in Nova Scotia and highlight its significant negative health, social, and economic costs.

Heighten the profile of alcohol as a critical public health and safety issue.

1.2 Continue to utilize focused opportunities (e.g., National Addictions Awareness Week, Fetal Alcohol Spectrum Disorder Day, coordination with the National Alcohol Strategy) to bring attention to the negative health, social, and economic impacts of alcohol, and to the positive work of Addiction Services.

2. Develop and communicate universal, targeted messages and information that support healthy, responsible, and safer decisions about alcohol use, and provide information about where to access help if needed.

Recommended activities

2.1 Establish appropriate links with relevant communications and social marketing initiatives at the national, provincial, district, or community level (e.g., the National Alcohol Strategy).

2.2 Provide Nova Scotians with balanced information about the impact of alcohol, and provide specific information on how they can reduce their harmful drinking.

2.3 Develop and distribute targeted educational resources with an emphasis on high-risk groups, such as underage drinkers and their parents, young adults who overdrink, women who are pregnant or who plan to become pregnant, and seniors.

3. **Shape cultural norms to reduce acceptability of high-risk drinking practices.**

Recommended activities

3.1 Establish and promote low-risk drinking guidelines for Nova Scotians that incorporate limits, risk levels, and the context of alcohol use (i.e., where and when drinking takes place), as well as strategies to reduce harm.

3.2 Develop and implement a multi-year social marketing campaign to influence cultural norms with respect to underage drinking.

3.3 Develop and implement a multi-year social marketing campaign to influence cultural norms with respect to overdrinking and drinking to intoxication.

4. **Promote the variety of accessible services and treatment options available through Addiction Services for any Nova Scotian negatively affected by alcohol use.**

Recommended activities

4.1 Develop and implement a communication strategy that promotes the variety of accessible services and treatment options available through Addiction Services for anyone affected by harmful alcohol use.

4.2 Reduce stigma and address myths associated with seeking help through Addiction Services.

Strengthening Prevention, Early Intervention, and Treatment

This direction highlights the need to build on the strengths of current prevention, early intervention, and treatment services of Addiction Services, while improving and augmenting the tools and services related to alcohol issues provided to Nova Scotians. This includes building the capacity of District Health Authorities' Addictions Services to address alcohol-related issues.

This direction highlights the need to build on the strengths of current prevention, early intervention, and treatment services of Addiction Services, while improving and augmenting the tools and services related to alcohol issues provided to Nova Scotians.

District Addiction Services have been providing a range of prevention, early intervention and treatment services to Nova Scotians and their families for more than 30 years, offering treatment services to about 11,000 clients each year. A major theme emerging from the Alcohol Roundtable was that the Alcohol Strategy needs to determine how to provide help to those who otherwise would not access Addictions Services. A recent research report (Graham 2005) indicated that as many as 105,880 Nova Scotians may require brief interventions of advice or education, and 7,885 may need brief interventions of advice, counselling, and follow-up to reduce their risk of incurring problems associated with alcohol use. Investigation for alcohol dependence potentially may be recommended for as many as 3,379 Nova Scotians.

Implementing and delivering screening and brief interventions in different kinds of primary care settings represents a unique opportunity to reach Nova Scotians who otherwise would not seek traditional treatment services for addictions. Primary health care providers are well positioned to screen for heavy and high-risk alcohol use during routine clinical encounters. In the early stages of harmful alcohol use, a brief conversation, advice, and encouragement from the health care provider often is enough to enable the patient to adjust his or her drinking behaviour. Screening and brief intervention in primary health care settings is well supported in peer-reviewed literature and by practitioners themselves (George 2007; Kaner et al. 2007). The Alcohol Strategy proposes to work with primary health care providers and allied professionals to enhance their knowledge, skills, and practices related to recognizing, assisting, and referring individuals affected by alcohol-related harm.

Brief interventions and web-based prevention programming have been proven to be cost effective in many U.S. studies (Gentilello et al. 2005; Hester, Squires, and Delaney 2005; Walters, Miller, and Chiauzzi 2005). Web-based programming is especially advantageous and cost effective as the number of home Internet users continues to increase. This strategy has an opportunity to explore web-based brief interventions, particularly for youth and young adults engaging in harmful alcohol use.

The strategy also provides an opportunity for district health authorities to refocus prevention and early intervention initiatives on the high-risk drinking populations and contexts most relevant in their local settings.

As the strategy is implemented, the increased demand for services and related impacts will need to be closely monitored so that future cost pressures related to human resources and infrastructure can be identified.

Strengthening Prevention, Early Intervention, and Treatment Objectives

1. **Enhance opportunities for and increase access to prevention, screening, referral, early intervention, and treatment services for all Nova Scotians, including family members and significant others, who are negatively affected by alcohol.**

   Recommended activities

   1.1 Coordinate the development of early intervention and referral training for allied helping professionals.

   1.2 Assess the need and response options for providing a common access point for crisis situations that occur after normal business hours and on weekends.

   1.3 In collaboration with primary health care partners, develop and implement cost-effective alcohol-related screening, brief intervention, and referral initiatives in primary health care settings.

   1.4 Develop cost-effective brief intervention services (including self-help materials) for Nova Scotians who are negatively affected by alcohol but do not require extensive clinical treatments.

1.5 Establish collaborative links with national, provincial, and district partners working on alcohol-related prevention, early intervention, and treatment initiatives, such as the National Alcohol Strategy.

2. Develop, implement, and evaluate programs and services designed to prevent and /or delay the onset of alcohol use among youth.

Recommended activities

2.1 Develop, implement, and evaluate school-based curriculum supplements and related resources that are based on best practices and linked to the Nova Scotia Department of Education curriculum outcomes.

2.2 Develop and implement community-based prevention initiatives aimed at preventing and/or delaying alcohol use among youth.

2.3 Help youth and their parents or caregivers access early intervention and related support in their communities.

3. Develop and implement programs that address high-risk drinking behaviours and contexts.

Recommended activities

3.1 Develop and implement evidence-based harm prevention and reduction initiatives to address alcohol use in university and college settings.

3.2 Develop and implement community-based harm prevention and reduction initiatives aimed at overdrinking and related harm among youth and young adults (19–29-year-olds).

3.3 Collaborate with industry partners to update the *It's Good Business Responsible Beverage Service Program.*

4. Provide processes and opportunities within Addiction Services to share and transfer knowledge of prevention, early intervention, and treatment services related to alcohol.

Recommended activities

4.1 Provide alcohol-focused learning opportunities and training to those offering prevention, early intervention, and treatment services.

In an age of consumerism, it behooves policy-makers to ensure that alcohol policies are fashioned with public health in mind.

(Babor et al. 2003, 263)

Healthy Public Policy

This direction refers to the use of evidence-based principles, guidelines, and policies that promote the health and well-being of Nova Scotians with respect to alcohol use. Policy is a fundamental tool for focusing, influencing, and stewarding cultural behaviour. Healthy public policy should: support the vision and goals of the Alcohol Strategy; be reflected in the policies of different settings, such as schools and workplaces; aid in securing sustainable resources to prevent and reduce alcohol-related harm; and be evident in legislation, regulations, and enforcement practices.

It cannot be overstated that the increase in per capita consumption of alcohol in Nova Scotia is a cause for concern, as there is now a substantial body of international research demonstrating a connection between rates of overall alcohol consumption and rates of alcohol-related problems (Babor et al. 2003; Edwards et al. 1994; Mann et al. 2005). Increased harm means increased economic burden on health and social costs (Thomas 2004).

Evidence indicates that alcohol policies that focus on population interventions combined with targeted interventions, including harm-reduction strategies, are among the most effective methods in addressing alcohol-related harms (Babor et al. 2003; Chisholm et al. 2004; Kendall 2002; Mann et al. 2005, Room et al. 2005; Single 2005; Stockwell 2005; Thomas 2004).

In building the strategy, a wide range of policy evidence was reviewed (see Appendix D for a summary). The Alcohol Task Group acknowledges the need for ongoing dialogue with stakeholders regarding policy options that receive the most scientific support due t o impact of behaviour (e.g., alcohol taxes), versus those with less evidence but more public support (e.g., awareness campaigns). Nevertheless, the Alcohol Roundtable unanimously supported moving toward a more balanced approach to alcohol policy in Nova Scotia. The Nova Scotia Alcohol Strategy itself represents a policy direction for the province.

Healthy Public Policy Objectives

1. **Recommend, monitor, and support alcohol-related policies that reflect a balance among the interests of health protection and harm prevention for the individual and for society, the health benefits of moderation, and the costs and benefits to the economy.**

   Recommended activities

   1.1 Establish a multi-sectoral Alcohol Strategy Policy Advisory Committee to advise the Department of Health Promotion and Protection, Addiction Services, on provincial policy options and recommendations that prevent and/or reduce the negative health, social, and economic impacts of alcohol use in Nova Scotia.

   1.2 Review and recommend public policy initiatives to reduce overdrinking and public intoxication, as well as policies to reduce harm when overdrinking occurs.

   1.3 Establish collaborative links with partners at the national, provincial, district, and community levels who are leading alcohol-related policy initiatives, such as the National Alcohol Strategy.

2. **Recommend, monitor, and support evidence-based public policy initiatives related to the promotion, sale, and distribution of alcohol in Nova Scotia to encourage the prevention and reduction of high-risk drinking practices and contexts.**

Recommended activities

2.1 Encourage the systematic review of policies pertaining to the availability of alcohol, such as the hours and days of sale and outlet density.

The Nova Scotia Alcohol Strategy itself represents a policy direction for the province.

2.2 In collaboration with industry partners, review and provide recommendations for updating *It's Good Business Responsible Beverage Server Program* polices.

2.3 Recommend and advocate for evidence-based policies that will reduce the opportunities for minors to access alcohol.

2.4 Provide the Department of Health Promotion and Protection with a policy lens to examine the potential harmful impact of alcohol sponsorship as it relates to activities and events affiliated with the Department.

2.5 Review and provide recommendations to update existing alcohol advertising regulatory systems, including mechanisms to receive and respond to consumer complaints.

3. **Recommend, monitor, and support evidence-based public policy countermeasures to reduce the health and social impacts of drinking and driving.**

Recommended activities

3.1 Continue to support the Strategy to Reduce Impaired Driving 2010, led by the Department of Transportation and Public Works.

3.2 In collaboration with partners, review and recommend public policy initiatives aimed at reducing impaired operation of recreational motorized vehicles such as boats, snowmobiles, and all-terrain vehicles.

3.3 Support a zero-tolerance alcohol policy for all drivers up to 21 years of age as part of the graduated licensing program in Nova Scotia.

4. Recommend, monitor, and support culturally competent, evidence-based public policy initiatives at the local level.

Recommended activities

4.1 Promote and support the inclusion of alcohol policies as part of comprehensive occupational health and wellness programs in Nova Scotia workplaces.

4.2 In conjunction with the Department of Education, develop and recommend school-based alcohol policies as part of the Health Promoting Schools initiative.

4.3 Support community-based initiatives to address alcohol issues by providing advice and support.

Research and Evaluation

The development of policy, programs, and practices associated with preventing and reducing alcohol-related harms must be informed by evidence-based best and most promising practices. This knowledge development and transfer includes: identification and analysis of trends, needs, and issues; prioritization of activities; and monitoring and evaluation of progress, impacts, and outcomes. A key component is the involvement and engagement of stakeholders in the research or knowledge development process. Ensuring that knowledge is communicated and shared in a timely way—knowledge transfer—is critical to the integration of new knowledge into practice, which will have a positive impact on policies and services.

Research and Evaluation Objectives

1. Facilitate access to and develop knowledge to inform policies, programs, and practices that will prevent and reduce alcohol-related harm.

   Recommended activities

   1.1 Work with stakeholders to identify gaps in alcohol-related knowledge and practice, and develop a plan to address these gaps.

   1.2 Monitor the scope and context of alcohol-related harms by regularly publishing the Alcohol Indicators Report for Nova Scotia, Nova Scotia Student Drug Use Survey, and other research reports.

   1.3 Establish collaborative links with partners in ongoing and new alcohol research projects to address knowledge gaps.

   1.4 Identify, monitor, and update the best and most promising practices and standards consistent with preventing and reducing harms and consequences associated with alcohol use in Nova Scotia.

Ensuring that knowledge is communicated and shared in a timely way—knowledge transfer—is critical to the integration of new knowledge into practice, which will have a positive impact on policies and services.

2. Facilitate the transfer of knowledge to inform policies, programs, and practices for preventing and reducing alcohol-related harm.

   Recommended activities

   2.1 Develop and implement communication and dissemination plans for alcohol research and evaluation activities sponsored by Addiction Services.

3. Develop and implement an evaluation framework for the components of the Nova Scotia Alcohol Strategy.

   Recommended activities

   3.1 Monitor the implementation of the alcohol Strategy.

   3.2 Monitor short-term and long-term outcomes related to the Alcohol Strategy.

3.3 Monitor and periodically review Addiction Services' best-practice standards and related outcomes as they relate to the Alcohol Strategy.

3.4 Incorporate cultural competence and social inclusion in the evaluation process.

Role of the Department of Health Promotion and Protection and District Health Authorities' Addiction Services in the Implementation of the Alcohol Strategy

The Department of Health Promotion and Protection, Addiction Services, is responsible for the overall leadership, implementation, management and evaluation of the Nova Scotia Alcohol Strategy, ensuring ongoing coordination and collaboration among government departments, District Health Authorities, and non-governmental organizations.

The District Health Authorities' Addiction Services is responsible for consulting with district stakeholders in developing an action plan that links with the provincial Alcohol Strategy. Since district Addiction Services are key partners in the delivery of this strategy, funding has been provided to coordinate the efforts of five District Health Authority staff members as they address district-specific alcohol issues.

Nova Scotia Alcohol Strategy Outcomes

Preventing and reducing alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia through the lens of cultural change is a complex process requiring the commitment of many stakeholders across a variety of sectors. The Alcohol Task Group has identified short- , intermediate-, and long-term outcomes that will be markers of this cultural shift.

The Department of Health Promotion and Protection will develop a plan to assess the implementation and evaluation of the Nova Scotia Alcohol Strategy. Indicators corresponding to specified outcomes will be identified as part of the evaluation planning process.

The Department will prepare an annual status report following fiscal year-end to report on the progress made and key lessons learned. The first report is expected in June 2008. In addition to provincial initiatives, the report will identify progress made within District Health Authorities' Addiction Services. This process will provide an opportunity to modify action plans and identify emerging needs as work progresses.

Short-term Outcomes (1–3 years)

- Increased knowledge across sectors and among the general public of the level and scope of alcohol-related harm in Nova Scotia
- Strengthened focus on alcohol within District Health Authorities' Addiction Services, Public Health Services, and Primary Health Care Services
- Alcohol-related action plans developed and customized for each district or shared service area
- A range of alcohol-related information and tools developed to help Nova Scotians make healthier decisions regarding alcohol use
- A new drug education curriculum supplement, in which alcohol is a key focus, implemented in the Grades 7–9 Health/Personal Development and Relationship program
- Review of Responsible Beverage Service Program completed
- Annual alcohol issues forum held, with a focus on elements of the provincial Alcohol Strategy

The Alcohol Task Group has identified short-, intermediate-, and long-term outcomes that will be markers of this cultural shift.

Intermediate-term Outcomes (3–7 years)

- Reduced alcohol consumption among women who are planning a pregnancy or who are pregnant
- Reduced prevalence and frequency of heavy episodic drinking (binge drinking) among Nova Scotians
- Delayed onset of alcohol use among youth, as indicated in the Nova Scotia Student Drug Use Survey
- Reduced prevalence of alcohol use among minors
- Stabilized or reduced hazardous drinking rates as indicated by AUDIT Score of 8 or more
- Overall reduction in harms experienced by Nova Scotians as a result of their own or others' use of alcohol

- Increased professional development opportunities for Addiction Services practitioners and stakeholders
- Increased number of clients accessing Addiction Services for alcohol-related prevention, early intervention and treatment services
- Evidence-based Responsible Beverage Server Program implemented and updated
- Evidence of public policies that promote or support the vision and goal of the provincial Alcohol Strategy

Long-term Outcomes (5–10 years)

- Reduced alcohol-attributable morbidity and mortality among Nova Scotians
- Stabilized or decreased per capita alcohol consumption
- Reduced economic burden of direct and indirect alcohol-attributable costs to society
- Increased outreach and engagement of individuals experiencing alcohol problems accessing appropriate services

Appendices

Appendix A: Terms of Reference, Alcohol Task Group

Purpose
The purpose of the Alcohol Task Group is to provide advice and recommendations pertaining to three broad areas:
1. developing a comprehensive provincial Alcohol Strategy
2. integrating the prevention of and response to harmful alcohol use across a continuum of services
3. positioning Addiction Services to play a pivotal role in facilitating multi-sectoral provincial and community-based strategies aimed at reducing harmful alcohol use among Nova Scotians

Scope
It is expected that the initial phase of the work of the Alcohol Task Group will focus on identifying and acting on immediate short-term priorities in risk prevention and early intervention.

Membership
A Director from the Addiction Services Round Table will be Liaison. The Chair of the Task Group will be the Coordinator, Prevention and Community Education, Addiction Services, Nova Scotia Health Promotion and Protection. The Alcohol Task Group will consist of approximately 10–12 members who will be selected based on one or more of the following criteria:
- in-depth knowledge of addiction prevention best practices
- in-depth knowledge of early intervention best practices
- in-depth knowledge of addiction treatment best practices
- experience in community-based stakeholder collaboration
- experience in developing strategic plans, service standards, and/or best practices
- representation from each of the shared services areas, including a cross-section of representation from Prevention and Community Education and Treatment (A minimum of two members from each of the shared services areas is recommended given the scope of the work involved.)

In addition, as the work of the Task Group unfolds, it may be appropriate to recruit external stakeholders. This will be done on the advice of the Task Group members, and with the approval of Directors of the Addiction Services Round Table.

Reporting Relationship

The Alcohol Task Group will report to Directors of the Addiction Services Roundtable through the Liaison of the task group.

Meeting Frequency

Meetings will be conducted monthly, either face-to-face or via teleconference. Due to the nature of the work to be undertaken, it is expected that four face-to-face meetings will be required in 2005–06, and three in 2006–07. Business will also be conducted by teleconference, mail and e-mail.

Terms of Appointment

Where possible, members of the Alcohol Task Group will serve for a period of two years. The Alcohol Task Group is not a standing committee and is intended to be time-limited to a period of no more than two years.

Duties

Research

- Identify gaps in alcohol-related research and information, and provide advice on how to address these gaps.
- Provide feedback on current research projects with a focus on improving the knowledge transfer and uptake of the research outcomes within Nova Scotia.
- Identify priority areas for program, service, and/or resource development.

Planning

- Assist in the development of a multi-year comprehensive plan to address harmful alcohol use in Nova Scotia.
- Provide input into detailed work plans (2005–06, 2006–07) that address harmful alcohol use.
- Solicit input from internal and external stakeholders in the planning process.

Standards Development

- Assist in the developing of alcohol-related standards and best practices that impact on either the individual or community level with specific long-term objectives of health enhancement, risk avoidance, and risk reduction.

Communications

- Develop a communication strategy and action plan that supports key elements of the Alcohol Strategy.

Stakeholder Consultation

- Recommend and help to implement a process to actively engage internal and external stakeholders in key elements of the Alcohol Strategy, at both the provincial and district levels.
- Consult with and/or solicit input from key stakeholders at the district level as directed by the Task Group.

Program Services Development

- Review Addiction Services proposals for alcohol funding and corresponding accountabilities.
- Recommend cost-effective and evidence-based resources, strategies, programs and/or services that should be considered for (a) provincial development, and/or (b) district development, relative to reducing harmful alcohol use.

Policy Development

- Identify key regional and provincial policy initiatives that could potentially reduce harmful alcohol consumption in Nova Scotia, and recommend which initiatives to undertake.

Revised July 2005; original approval March 17, 2005

Appendix B: Participants of the Nova Scotia Alcohol Roundtable

Name of Attendee		Organization
Asbridge	Mark	Dalhousie University
Attenborough	Rebecca	Reproductive Care Program of Nova Scotia
Barnet	Hon. Barry	Minister of Health Promotion and Protection
Brown	Alana	Addiction Services, Cape Breton Health Authority
Carson	Glenda	IWK Health Centre, Women's and Newborn Health Program
Cecchetto	Sgt. Julia	Halifax Regional Municipal Police Department
Christian	Heather	Department of Health Promotion and Protection, Public Health
Dahr	Lisa	Nova Scotia Tourism Human Resource Council/Tourism Industry of Nova Scotia
Dwyn	Gwenyth	Addiction Services, Annapolis Valley Health Authority
Findley	Erin	Addiction Prevention and Treatment Services, Capital Health
Gabbani	Farida	Department of Health Promotion and Protection, Sport and Recreation
Godsoe	Jack	IWK - CHOICES
Green	Morris	Department of Health Promotion and Protection, Injury Prevention
Gunn	Irene	Addiction Services, Cumberland Health Authority
Hampden	Margo	Office of African Nova Scotian Affairs
Hannah	Tracy	Department of Justice
Harris	Everett	Addiction Services, Cape Breton Health Authority
Helwig	Paul	Addiction Prevention and Treatment Services, Capital Health

Name of Attendee		Organization
Hines	Denyse	Addiction Services, South West Nova DHA
Hudson	Amanda	Addiction Prevention and Treatment Services, Capital Health
Huyter	Annette	Health Promotion Services, Canadian Forces
Inkpen	Kathy	Department of Health Promotion and Protection, Public Health
Jesseman	Rebecca	Canadian Centre on Substance Abuse, Policy Analyst
Johnson	Erin	Transport Canada — Office of Boating Safety
Leader	Todd	Addiction Services, South Shore DHA
Lewis	Dr. Jane	Cape Breton University School of Education, Health and Wellness,
Lowe	Lynn	Department of Health Promotion and Protection, Chronic Disease Prevention
MacAskill	Susan	MADD Atlantic Region
MacAskill	David	Addiction Services, CBHA and GASHA
MacDonald	Kim	Nova Scotia Community College, Sydney
MacDonald	Joe	St. Francis Xavier University
MacLeod	Heidi	Addiction Services, Colchester-East Hants Health Authority
MacNeil	Mel	Addiction Services, GASHA
Manuel	Rick	Department of Health Promotion and Protection, Policy and Planning
McDonald	Wanda	Prevention and Treatment Services
Melanson	Sophie	Addiction Services, Cumberland Health
Miles	Barbara	Department of Health Promotion and Protection, Addiction Services
Miller	Margaret	MADD Cobequid Chapter
Payette	Tom	Addiction Prevention and Treatment Services, Capital Health
Poirier	Angela	Department of Justice

Name of Attendee		Organization
Polchies	Valentino	Health Canada, First Nations and Inuit Health Branch
Poulin	Christiane	Dalhousie University
Provo	Dwayne	Department of Education
Purvis	Greg	Addiction Services, Colchester-East Hants, Cumberland, and Pictou Health Authorities
Rafferty	Dr. James	North Queens Health Centre
Ryan	Annette	Reproductive Care Program of Nova Scotia
Schrans	Tracy	Focal Research Consultants Ltd.
Shipley	Cheryl	IWK Health Perinatal Centre
Simpson	Rob	Observer
Southwick-Trask	Lesley	Strategist/Consultant
Strover	Julie	Department of Transportation and Public Works
Strang	Dr. Rob	Medical Officer of Health, Capital Health
Taylor	Nancy	Department of Education
Venedam-Marchand	Connie	Guysborough-Antigonish-Strait Health Authority
Walsh	Katie	Health Canada, FASD and Injury Prevention, First Nations and Inuit Health Branch
Watson	Sadie	Addiction Services, South Shore Health
Waye	Sam	Addiction Prevention and Treatment Services, Capital Health
Wells	Jeff	RCMP
White	Wyatt	Office of Aboriginal Affairs
Woodman	Jeanette	Department of Transportation and Public Works

Appendix C: Through a Cultural Lens: Strategic Assumptions of the Alcohol Strategy

The Alcohol Task Group identified a number of considerations that form the framework of the Strategy, which are outlined below.

1. **The focal point is on the behaviours associated with the misuse of alcohol and the harm that results.**

   It is recognized that alcohol itself is not the issue. Nor is its use alone. What is of central concern are the behaviours of those whose relationship with and use of alcohol puts them and others in harm's way. The significance of the harm on the individual, their family and friends, as well as the burden on our society as a whole, demands that ***the Strategy place attention on these behaviours and the environment that consciously and unconsciously supports misuse.***

2. **The culture of alcohol use has significant influence on the behaviours associated with misuse and harm.**

   The behaviours associated with misuse and harm are systemic in nature and deeply imprinted as cultural dynamics that affect generations of Nova Scotians in their relationship to and use of alcohol. The cultural character of these behaviours is further underscored by an upward trend in alcohol consumption. ***This Strategy will be, by necessity, a cultural change strategy focused on the use of alcohol.***

3. **The culture of alcohol use is multigenerational in nature.**

   Even with targeted programming, embedded patterns associated with alcohol use will take some time before substantial and sustainable changes in behaviour become evident. It is therefore incumbent on ***this Strategy to not only target today's population, particularly those engaging in risky alcohol use, but also to lay the foundation for responsible use of alcohol for future generations.***

4. **A main feature in this cultural shift is the denormalizing of current beliefs and practices related to intoxication and the risky use of alcohol.**

   Cultures are developed over time. They hold the assumptions, beliefs, practices, and behaviours that invisibly become normalized by their members. People do not consciously judge or rationalize their norms. They simply honour their existence. Changing a behaviour that a society does not condone is one thing. It is a different issue to transform the norm. Yet this is the very nature of the situation that must be addressed by ***this Strategy—one that denormalizes a series of currently acceptable behavioural patterns and replaces them with a new series of expectations around which the population can rally and normalize.***

5. **It is insufficient to simply focus on the reduction of harm. Prevention of harm is a crucial element.**

   Information, knowledge and education each serve a powerful role in shaping people's understanding of alcohol, its use, misuse, and harm. Collectively in conjunction with healthy public policy, they can shift attitudes, beliefs, and ultimately behaviours. ***Prevention in this Strategy will be a function of each person's decision to use the information, knowledge, and education to better serve his /her health and desire for well-being.***

6. **Prevention, harm reduction, behaviour change, and the incumbent culture shift require policy approaches and practices in order to find traction and sustainability.**

   A society has a number of tools at its disposal that it uses to embed its expectations and societal norms. These are even more critical when its members are introducing a fundamental shift in its culture. ***This Strategy will need to incorporate a full range of political, social, economic, and communication mechanisms.***

7. **The all-encompassing vision of a society that is committed to the responsibility and risk reduction in the use of alcohol is one in which the health and well-being of its people and the place in which they live are of paramount importance.**

   The context in which responsible behaviours and the culture that expects, reinforces, and implants them is one which ***envisions healthy people who are living in communities who support their health and well-being.***

8. **The depth and breadth of this undertaking can only be successfully realized when each and every stakeholder steps up and plays his/her part.**

   While it may be convenient to place prime responsibility for this Strategy in the offices of government, such an assignment of accountability would doom this Strategy to failure. ***The success of this Strategy lies in the ownership that is felt and delivered on by each and every stakeholder—individuals, families, communities, sectors public, private, not-for-profit—in a collective and collaborative manner.***

Appendix D: Alcohol-Related Policy Backgrounder for the Nova Scotia Alcohol Strategy

Background:

Alcohol is more accessible than ever. In recent years, Nova Scotia has experienced an increase in the number of outlets where alcohol may be purchased, including an increase in the number of Nova Scotia Liquor Corporation (NSLC) outlets and expansion into non-traditional markets. As well, "agency" stores, usually a convenience store in a rural area licensed to sell alcohol, were introduced to the province in 2001. The popularity of home brewing and wine making has also made alcohol a more easily available commodity for all Nova Scotians. Since 2001, when NSLC was given a commercial mandate, there has been a significant increase in the density of locations and the hours available in which to purchase alcohol.

There is now a substantial body of international research demonstrating a connection between rates of overall alcohol consumption and rates of alcohol-related problems (Babor et al. 2003; Edwards et al. 1994). Increased harms means increased economic burden on health and social costs (Thomas 2004).

Evidence indicates that alcohol policies that focus on population interventions combined with targeted interventions, including harm reduction strategies (Single 2005; Thomas 2004) are among the most effective methods in addressing alcohol-related harms (Babor et al. 2003; Chisholm et al. 2004; Kendall 2002; Mann et al. 2005; Room et al. 2005; Stockwell 2005).

What are alcohol policies?

Alcohol policy is defined by Babor et al. (2003) as "a purposeful effort or authoritative decision on the part of government or non-government to minimize or prevent alcohol-related consequences" (95).

A good definition for alcohol policy is found on the website for The Alcohol Policy Network of Ontario:

> *"what governments and institutions do or don't do about alcohol and the conditions and problems associated with its misuse."* This definition recognizes that policy is not only restricted to the purview of public institutions such as parliament, cabinet, and government ministries and agencies. Policy can and should also be the responsibility of places where we live, learn, work, play and study.

"Alcohol policies are authoritative decisions made by governments and other leaders through laws, rules and regulations, and can be directed at individuals, populations, organizations or systems. Policies may involve the implementation of a specific strategy with regard to alcohol problems, such as increasing alcohol process, or the allocation of resources with regard to prevention or treatment efforts. A policy decision may increase harm from alcohol rather than reduce it." (Alcohol Policy Network 2005, 1).

Why are we looking at policy?

Policy initiatives are the most effective way of encouraging individual and cultural shifts in alcohol-related behaviours (e.g., driving while impaired, use of seatbelts).

The list of alcohol control policies successful in reducing overall consumption and thereby alcohol-related problems includes:

1. minimum legal purchase age
2. control of physical access (e.g., hours and days of sales, outlet density restrictions)
3. alcohol pricing and taxation
4. drinking and driving countermeasures
5. treatment and early intervention (brief intervention)
6. education strategies
7. restrictions on advertising
8. altering the drinking context (bar staff training, bar policies)

None should be done in isolation; a comprehensive approach to health promotion will yield the most successful and sustainable results.

What is the evidence supporting these policy initiatives?

1. Minimum legal purchase age

   a. Research suggests that early drinking is linked to higher lifetime alcohol risk (Grant and Dawson 1997; Jennison 2004; National Institutes of Health 2006). An increase to the minimum legal purchase age will reduce drinking-associated harm among high school and college students and teenagers in general (Alcohol and Public Health 2005; Babor et al. 2003; Boston School 2004).

2. Control of physical access

   a. Outlet density. The scientific literature clearly suggests that increases in outlet density (number of retail outlets), which increases the availability of alcohol, is associated with increases in per capita consumption in a population (Alcohol and Public Health 2005; Babor et al. 2003; Hingson 2005).

   b. Hours of operation. Increasing the availability of alcohol has been shown to increase the rates of illness and injury, for example:
      i. New Mexico: Sunday ban on alcohol sales was lifted and it resulted in a 29% increase in overall alcohol-related crashes and a 42% increase in alcohol-related crash fatalities on Sundays (McMillan and Lapham 2006).
      ii. Australia: After introducing Sunday alcohol sales, there was a 32.6% increase in traffic accidents four hours after the Sunday closing time (Smith 1990).
      iii. Sweden: After deciding to close alcohol outlets on Saturdays, there was a 39% decrease in police interventions against intoxicated individuals, a 50% decrease in domestic disturbances and a 25% decrease in outdoor assaults—all on Saturdays (Olsson and Wikstrom 1982).

3. Alcohol pricing and taxation

   a. Research has shown that adjusting alcohol prices and taxes will reduce overall consumption and people will change their purchasing patterns, i.e., buy less risky forms of alcohol (Alcohol and Public Health 2005; Babor et al. 2003; Boston School 2004; Chisholm 2004; Conroy 2005; Edwards et al. 1994; ICAP 2003; Loxley et al. 2004; Ontario Public Health Association 2003).

4. Drinking and driving countermeasures

   a. Reducing the legal blood alcohol concentration (BAC) while driving. Research has shown that reducing the BAC will reduce motor vehicle crashes (Alcohol and Public Health 2005; Babor et al. 2003).

   b. Random breath testing (sobriety checkpoints). Evidence points to reduced numbers of alcohol-related crashes when police enforce random breath testing (Alcohol and Public Health 2005; Babor et al. 2003; Homel 1988).
      i. Australia: Random breath testing reduced alcohol-related fatalities by 36%—a reduced level that was sustained for 5 years (Homel 1988).

   c. Graduated licensing for novice drivers. Graduated licensing, requiring that novice drivers have an experienced driver with him/her and a zero BAC level, reduces motor vehicle crashes (Babor et al. 2003; Boston School 2004; Mayhew, Simpson, and des Groseilliers, n.d.).
      i. Nova Scotia: The introduction of a graduated licensing program (enforced during the 3–6 month learner's stage) in 1994 reduced the number of collisions of 16-year-olds by 24% (Mayhew, Simpson, and des Groseilliers, n.d.)

   d. Administrative licence suspension. Immediate licence suspension whereupon an individual refuses or fails a breathalyser test has been shown to reduce motor vehicle crashes (Babor et al. 2003).

5. Treatment and Early Intervention

   Research suggests that treatment and early intervention for individuals experiencing problems with alcohol helped change drinking behaviour and curbed alcohol-related harms (Alcohol and Public Health 2005; Babor et al. 2003; Boston School 2004).

6. Education Strategies

As part of a comprehensive approach (which would include a combination of policies, including access and availability mandates) to reducing alcohol-related harms, education strategies, including mass media counter-advertising campaigns, warning labels on alcohol containers and public service announcements have reduced alcohol's appeal and use among youth and have been effective in increasing resistance against alcohol among young people (Alcohol and Public Health 2005; Kendall 2002).

7. Restrictions on advertising

There is a considerable body of research that links alcohol promotion (advertising) and youth and young adults with pro-drinking attitudes and behaviours. A recent review of the literature on alcohol policy studies has shown:

a. Underage targeting and youth exposure to alcohol promotion reinforces positive attitudes about alcohol, increases consumption and is linked with greater intention to drink later in life (Boston School 2005; Ellickson et al. 2005; Fortin and Rempel 2005; Snyder 2006).

b. Underage drinkers had strong brand recognition identification compared to non-drinkers. Similar results were found in a study involving 10–12 year olds who were exposed to alcohol advertising (Collins et al. 2005).

c. Teens and college students repeatedly exposed to alcohol-related advertising were more likely to view alcohol as being beneficial and less risky. This exposure contributed to positive expectancies for future beer drinking situations, promoting beliefs about use of beer as an aid to relaxation and socializing (Jones and Donovan 2001).

8. Altering the drinking context

Comprehensive bar staff training, including policies of non-service to intoxicated patrons or underage individuals, has been shown to reduce harmful outcomes, increase the safety of bar patrons, and increase overall customer satisfaction (B.C. Ministry 2007; Grand 2004; ICAP 2005; McKnight and Streff 1994).

What are the challenges?

- "The public policy challenge is to optimize the benefits of alcohol consumption while minimizing the potential harms." (Kendall 2004, 3).

- Choose policies that will be supported by the public (Giesbrecht, Anglin, and Ialomiteanu 2005; Kendall 2002).

- What level of policy do we target? Hall (as cited by Kroll and Blomberg 2004) suggests that targeting higher order policy will have ripple effects to the lower levels, whereas Cox (1998) suggests that change at any level will have positive effects. Cox recommends a step-wise approach that, in the case of Canada, would be targeting local level policy first and then moving toward provincial and federal level policies.

Appendix E: Nova Scotia Alcohol Strategy at a Glance

The goal of the Nova Scotia Alcohol Strategy is to:

Prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia.

Work to achieve this goal will be structured in five key directions:
1. Community Capacity and Partnership Building
2. Communication and Social Marketing
3. Strengthening Prevention, Early Intervention, and Treatment
4. Healthy Public Policy
5. Research and Evaluation

Capacity and Partnership Building

- Increase the knowledge and skills of decision makers, health service providers, the general public, and other stakeholders so they can effectively act to prevent and respond to alcohol-related harms in the context of their settings.

- Build and foster partnerships and community capacity that will enable and sustain a multi-sectoral, coordinated, culturally relevant approach to alcohol-related issues, and reflect a shared responsibility for solutions.

Communication and Social Marketing

- Heighten the profile of alcohol as a critical public health and safety issue.

- Develop and communicate universal and targeted messages and information that support healthy, responsible, and safer decisions about alcohol use, and provide information about where to access help if needed.

- Shape cultural norms to reduce acceptability of high-risk drinking practices.

Strengthening Prevention, Early Intervention, and Treatment

- Enhance opportunities for and increase access to prevention, screening, referral, early intervention, and treatment services for all Nova Scotians, including family members and significant others who are negatively affected by alcohol.

- Develop, implement, and evaluate programs and services designed to prevent and /or delay the onset of alcohol use among youth.

- Develop and implement programs that address high-risk drinking behaviours and contexts.

- Provide processes and opportunities within Addiction Services to share and transfer knowledge of prevention, early intervention, and treatment services related to alcohol.

Healthy Public Policy

- Recommend, monitor, and support alcohol-related policies that reflect a balance among the interests of health protection and harm prevention for the individual and for society, the health benefits of moderation, and the costs and benefits to the economy.

- Recommend, monitor, and support evidence-based public policy initiatives related to the promotion, sale, and distribution of alcohol in Nova Scotia to encourage the prevention and reduction of high-risk drinking practices and contexts.

- Recommend, monitor, and support evidence-based public policy countermeasures to reduce the health and social impacts of drinking and driving.

- Recommend, monitor, and support culturally competent, evidence-based public policy initiatives at the local level.

Research and Evaluation

- Facilitate access to and develop knowledge to inform policies, programs, and practices that will prevent and reduce alcohol-related harm.

- Facilitate the transfer of knowledge to inform policies, programs, and practices for preventing and reducing alcohol-related harm.

- Develop and implement an evaluation framework for the components of the Nova Scotia Alcohol Strategy.

Appendix F: Nova Scotia Alcohol Strategy Recommendations

Capacity and Partnership Building

- Build the capacity of District Health Authorities' Addiction Services to address alcohol-related issues through sustained funding for Alcohol Strategy staff.
- Develop and support an evidence-based, practical alcohol tool kit for use by community leaders, health professionals, prevention specialists, and other stakeholders.
- Hold an annual alcohol forum to focus on best practices, related knowledge development, and skill building consistent with preventing and reducing alcohol-related harm in Nova Scotia.
- Work with citizens to identify and implement knowledge and skill building opportunities that champion the prevention and reduction of alcohol-related harm.
- Establish and/or support multi-sectoral working groups to address specific issues such as underage drinking, overdrinking, Fetal Alcohol Spectrum Disorder, and brief intervention.
- Explore opportunities to further understand the scope of alcohol-related harm among diverse cultural groups and vulnerable populations and work within communities to develop appropriate responses. Vulnerable populations may include homeless youth and adults; the economically disadvantaged; seniors; individuals who identify as gay, lesbian, bisexual, transgender and questioning; and others.
- Provide regular opportunities for stakeholders to share experiences related to preventing and reducing alcohol-related harm in their districts or communities.
- Identify and establish appropriate relationships with other government and community-based strategies, such as the National Alcohol Strategy, and explore opportunities for collaboration on mutually beneficial objectives and activities.

Communication and Social Marketing

- Using social marketing principles, develop and implement a communications strategy to increase the profile of alcohol as the most widely misused drug in Nova Scotia and highlight its significant negative health, social, and economic costs.

- Continue to utilize focused opportunities (e.g., National Addictions Awareness Week, Fetal Alcohol Spectrum Disorder Day, coordination with the National Alcohol Strategy) to bring attention to the negative health, social, and economic impacts of alcohol, and the work of Addiction Services.

- Establish appropriate links with relevant communications and social marketing initiatives at national, provincial, district, or community level (e.g., the National Alcohol Strategy).

- Provide Nova Scotians with balanced information about the impact of alcohol, and provide specific information on how they can reduce their harmful drinking.

- Develop and distribute targeted educational resources with an emphasis on high-risk groups such as underage drinkers and their parents, young adults who overdrink, women who are pregnant or who plan to become pregnant, and seniors.

- Establish and promote low-risk drinking guidelines for Nova Scotians that incorporate limits, risk levels, and the context of alcohol use (i.e., where and when drinking takes place), as well as strategies to reduce harm.

- Develop and implement a multi-year social marketing campaign to influence cultural norms with respect to underage drinking.

- Develop and implement a multi-year social marketing campaign to influence cultural norms with respect to overdrinking and drinking to intoxication.

- Develop and implement a communication strategy that promotes the variety of accessible services and treatment options available through Addiction Services for anyone affected by harmful alcohol use.

- Reduce stigma and address myths associated with seeking help through Addiction Services.

Strengthening Prevention, Early Intervention, and Treatment

- Coordinate the development of early intervention and referral training for allied helping professionals.
- Assess the need and response options for providing a common access point for crisis situations that occur after normal business hours and on weekends.
- In collaboration with primary health care partners, develop and implement cost-effective alcohol-related screening, brief intervention, and referral initiatives in primary health care settings.
- Develop cost-effective brief intervention services (including self-help materials) for Nova Scotians who are negatively affected by alcohol, but do not require extensive clinical treatments.
- Establish collaborative links with national, provincial, and/or district partners working on alcohol-related prevention, early intervention, and treatment initiatives, such as the National Alcohol Strategy.
- Develop, implement, and evaluate school-based curriculum supplements and related resources that are based on best practices and linked to the Nova Scotia Department of Education curriculum outcomes.
- Develop and implement community-based prevention initiatives aimed at preventing and/or delaying alcohol use among youth.
- Help youth and their parents or caregivers access early intervention and related support in their communities.
- Develop and implement evidence-based harm prevention and reduction initiatives to address alcohol use in university and college settings.
- Develop and implement community-based harm prevention and reduction initiatives aimed at overdrinking and related harm among youth and young adults (19–29-year-olds).
- Collaborate with industry partners to update the *It's Good Business Responsible Beverage Service Program*.
- Provide alcohol-focused learning opportunities and training to those offering prevention, early intervention and treatment services.

Healthy Public Policy

- Establish a multi-sectoral Alcohol Policy Advisory Committee to advise the Department of Health Promotion and Protection, Addiction Services, on provincial policy options and recommendations that prevent and/or reduce the negative health, social, and economic impacts of alcohol use in Nova Scotia.

- Review and recommend public policy initiatives to reduce overdrinking and public intoxication, as well as policies to reduce harm when overdrinking occurs.

- Establish collaborative links with partners at the national, provincial, district, and community levels who are leading alcohol-related policy initiatives, such as the National Alcohol Strategy.

- Encourage the systematic review of policies pertaining to the availability of alcohol, such as the hours and days of sale and outlet density.

- In collaboration with industry partners, review and provide recommendations for updating *It's Good Business Responsible Beverage Service Program* policies.

- Recommend and advocate for evidence-based policies that will reduce the opportunities for minors to access alcohol.

- Provide the Department of Health Promotion and Protection with a policy lens to examine the potential harmful impact of alcohol sponsorship as it relates to activities and events affiliated with the Department.

- Review and provide recommendations to update existing alcohol advertising regulatory systems, including mechanisms to receive and respond to consumer complaints.

- Continue to support the Strategy to Reduce Impaired Driving 2010, led by the Department of Transportation and Public Works.

- In collaboration with partners, review and recommend public policy initiatives aimed at reducing impaired operation of recreational motorized vehicles such as boats, snowmobiles, and all-terrain vehicles.

- Support a zero-tolerance alcohol policy for all drivers up to 21 years of age as part of the graduated licensing program in Nova Scotia.

- Promote and support the inclusion of alcohol policies as part of comprehensive occupational health and wellness programs in Nova Scotia workplaces.

- In conjunction with the Department of Education, develop and recommend school-based alcohol policies as part of the Health Promoting Schools initiative.

- Support community-based initiatives to address alcohol issues by providing advice and support.

Research and Evaluation

- Work with stakeholders to identify gaps in alcohol-related knowledge and practice and develop a plan to address these gaps.

- Monitor the scope and context of alcohol-related harms by regularly publishing the Alcohol Indicators Report for Nova Scotia, Nova Scotia Student Drug Use Survey, and other research reports.

- Establish collaborative links with partners in ongoing and new alcohol research projects to address knowledge gaps.

- Identify, monitor, and update the best and most promising practices and standards consistent with preventing and reducing harms and consequences associated with alcohol use in Nova Scotia.

- Develop and implement communication and dissemination plans for alcohol research and evaluation activities sponsored by Addiction Services.

- Monitor the implementation of the Alcohol Strategy.

- Monitor short-term and long-term outcomes related to the Alcohol Strategy.

- Monitor and periodically review Addiction Services' best-practice standards and related outcomes as they relate to the Alcohol Strategy.

- Incorporate cultural competence and social inclusion in the evaluation process.

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